

Appendix A -- Evaluation

- * On-site Consultation Evaluation
- * Evaluation of an Infant Toddler Learning/Care Center

On-site Consultation Consultee Evaluation Form

Please answer these questions regarding the quality and usefulness of the consultation process.
Your objective opinions are appreciated to help improve the project.

Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ Consultant's Name: _____

Consultation Beginning Date: _____ Consultation End Date: _____

Please rate the following:

Unsatisfactory Adequate Excellent

Satisfaction with Consultant

How satisfied were you with:

- | | | | | | |
|--|---|---|---|---|---|
| 1. The effectiveness of consultant in helping to define goals of consultation | 1 | 2 | 3 | 4 | 5 |
| 2. The effectiveness of consultant in assisting program to meet goals of consultation | 1 | 2 | 3 | 4 | 5 |
| 3. The appropriateness of materials and resources used in meeting needs of program | 1 | 2 | 3 | 4 | 5 |
| 4. The consultant's level of expertise and knowledge of the content area and other related resources | 1 | 2 | 3 | 4 | 5 |
| 5. The consultant's level of organizational skills (e.g., leadership, group process, and problem solving skills) | 1 | 2 | 3 | 4 | 5 |
| 6. Presence of the consultant's interpersonal skills (e.g., related well, was supportive, open and flexible) | 1 | 2 | 3 | 4 | 5 |

Quality & Usefulness of Consultation

- | | | | | | |
|--|---|---|---|---|---|
| 7. The extent to which consultation met your expectations | 1 | 2 | 3 | 4 | 5 |
| 8. The overall quality of the consultation | 1 | 2 | 3 | 4 | 5 |
| 9. The contribution of consultation to the quality of your program | 1 | 2 | 3 | 4 | 5 |

10. Were there some aspects of the consultation that were particularly strong and/or useful?

Yes No If yes, please describe:

11. Were there some aspects of the consultation that were weak or not useful?

Yes No If yes, please describe:

12. Would you recommend the on-site consultation process to another program?

Yes No

Additional comments: _____

Evaluation of an Infant or Toddler Learning/Caring Environment

Space

- Look at the space. Are there spaces that are semi-enclosed?

- How many semi-enclosed places are there?

- Are there spaces for: pulling up standing up climbing up crawling over and through
 going in and out kicking jumping
- Are there different places that feel different because of light, texture, sound, smell, enclosure, and sight lines?

Activities

Are infants in a swing or bounce chair, only there for a short time, and get out when they want to get out?

Do infants and toddlers get out of the room and, if so, how often?

How often do they go for stroller or cart rides or crawls?

How often do they play with water, sand, dough, paint?

What types of transport are available?

Do infants feed themselves as soon as they can hold a spoon, bottle, or cup?

Do infants/toddlers wait to be changed or use the toilet?

Is someone actively listening when children are trying to talk?

Do the listeners look at the child and use appropriate words?

How often are children read to?

Appendix B -- Self Evaluation

- * Communication Skills Self Assessment
- * Health Consultant's Self Assessment Tool

Communication Skills Self-Assessment

Answer the following questions to gain information about your skills and develop a plan to improve them.

	Yes	No
Do I use active listening skills (attention, reflection, summarization)?		
Do I use non-judgmental language?		
Do I invite others to talk with me when there is a difference of opinion?		
Do I avoid jargon, explain terms?		
Do I offer opinions as suggestions, but not as the only options?		
Do I avoid patronizing language and tone?		
Do I consider that people may interpret information differently?		
Do I clarify mutual expectations?		
Do I clarify next steps?		
Do I clarify or re-align roles?		
Do I appreciate contributions from a differing point of view?		
Do I recognize time and resource constraints?		
Do I pay attention to nonverbal cues (e.g., body posture, tone, eye contact)?		
Do I refrain from judging a family when they resist seeking care for their child with special needs?		
Do I consider a child care provider's education level when forming an opinion about him/her?		
Do I consider the average family's SES when forming an opinion about the child care program?		
Do I consider the number of children a family has when forming an opinion about them?		
Do I consider a child care provider's appearance when forming an opinion about him/her?		
Do I feel uncomfortable or defensive when a child care provider is very direct or assertive?		
Do I avoid monopolizing the conversation?		
Do I create an environment for open communication?		

Health Consultant's Self-Assessment Tool

The following are activities that a health consultant typically would conduct for a child care facility. Rate how competent or comfortable you currently feel to perform each of these activities as a child care health consultant on a scale of 1-5, with "1" being least comfortable/competent and "5" being most comfortable/competent. Circle the number that best describes your feelings of comfort/competence for each activity below.

Consultant Activity	Comfort Rating for Consultant				
A. On-site meeting with staff about health	1	2	3	4	5
B. Phone/mail contacts with child care program	1	2	3	4	5
C. Contacts with other health professionals (e.g. consult with child's doctor about medication)	1	2	3	4	5
D. Provide health education for child care staff	1	2	3	4	5
E. Contact with parents	1	2	3	4	5
F. Respond to implementation/interpretation questions about standards/licensing requirements	1	2	3	4	5
G. Referrals to community services	1	2	3	4	5
H. Develop/update program health policies	1	2	3	4	5
I. Conduct/arrange for health screenings and assessments	1	2	3	4	5
J. Contact with licensers/health surveyors	1	2	3	4	5
K. Consultation with state/local health agency	1	2	3	4	5
L. Consultation with Child Care Resource & Referral	1	2	3	4	5
M. Training others to be child care health consultants	1	2	3	4	5

Based on this self-evaluation, three goals for my continuing development are:

1. _____

2. _____

3. _____

Appendix A -- Evaluation

- * On-site Consultation Evaluation
- * Evaluation of an Infant Toddler Learning/Care Center

On-site Consultation Consultee Evaluation Form

Please answer these questions regarding the quality and usefulness of the consultation process.
Your objective opinions are appreciated to help improve the project.

Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ Consultant's Name: _____

Consultation Beginning Date: _____ Consultation End Date: _____

Please rate the following:

Unsatisfactory Adequate Excellent

Satisfaction with Consultant

How satisfied were you with:

- | | | | | | |
|--|---|---|---|---|---|
| 1. The effectiveness of consultant in helping to define goals of consultation | 1 | 2 | 3 | 4 | 5 |
| 2. The effectiveness of consultant in assisting program to meet goals of consultation | 1 | 2 | 3 | 4 | 5 |
| 3. The appropriateness of materials and resources used in meeting needs of program | 1 | 2 | 3 | 4 | 5 |
| 4. The consultant's level of expertise and knowledge of the content area and other related resources | 1 | 2 | 3 | 4 | 5 |
| 5. The consultant's level of organizational skills (e.g., leadership, group process, and problem solving skills) | 1 | 2 | 3 | 4 | 5 |
| 6. Presence of the consultant's interpersonal skills (e.g., related well, was supportive, open and flexible) | 1 | 2 | 3 | 4 | 5 |

Quality & Usefulness of Consultation

- | | | | | | |
|--|---|---|---|---|---|
| 7. The extent to which consultation met your expectations | 1 | 2 | 3 | 4 | 5 |
| 8. The overall quality of the consultation | 1 | 2 | 3 | 4 | 5 |
| 9. The contribution of consultation to the quality of your program | 1 | 2 | 3 | 4 | 5 |

10. Were there some aspects of the consultation that were particularly strong and/or useful?

Yes No If yes, please describe:

11. Were there some aspects of the consultation that were weak or not useful?

Yes No If yes, please describe:

12. Would you recommend the on-site consultation process to another program?

Yes No

Additional comments: _____

Evaluation of an Infant or Toddler Learning/Caring Environment

Space

- Look at the space. Are there spaces that are semi-enclosed?

- How many semi-enclosed places are there?

- Are there spaces for: pulling up standing up climbing up crawling over and through
 going in and out kicking jumping
- Are there different places that feel different because of light, texture, sound, smell, enclosure, and sight lines?

Activities

Are infants in a swing or bounce chair, only there for a short time, and get out when they want to get out?

Do infants and toddlers get out of the room and, if so, how often?

How often do they go for stroller or cart rides or crawls?

How often do they play with water, sand, dough, paint?

What types of transport are available?

Do infants feed themselves as soon as they can hold a spoon, bottle, or cup?

Do infants/toddlers wait to be changed or use the toilet?

Is someone actively listening when children are trying to talk?

Do the listeners look at the child and use appropriate words?

How often are children read to?

Appendix B -- Self Evaluation

- * Communication Skills Self Assessment
- * Health Consultant's Self Assessment Tool

Communication Skills Self-Assessment

Answer the following questions to gain information about your skills and develop a plan to improve them.

	Yes	No
Do I use active listening skills (attention, reflection, summarization)?		
Do I use non-judgmental language?		
Do I invite others to talk with me when there is a difference of opinion?		
Do I avoid jargon, explain terms?		
Do I offer opinions as suggestions, but not as the only options?		
Do I avoid patronizing language and tone?		
Do I consider that people may interpret information differently?		
Do I clarify mutual expectations?		
Do I clarify next steps?		
Do I clarify or re-align roles?		
Do I appreciate contributions from a differing point of view?		
Do I recognize time and resource constraints?		
Do I pay attention to nonverbal cues (e.g., body posture, tone, eye contact)?		
Do I refrain from judging a family when they resist seeking care for their child with special needs?		
Do I consider a child care provider's education level when forming an opinion about him/her?		
Do I consider the average family's SES when forming an opinion about the child care program?		
Do I consider the number of children a family has when forming an opinion about them?		
Do I consider a child care provider's appearance when forming an opinion about him/her?		
Do I feel uncomfortable or defensive when a child care provider is very direct or assertive?		
Do I avoid monopolizing the conversation?		
Do I create an environment for open communication?		

Health Consultant's Self-Assessment Tool

The following are activities that a health consultant typically would conduct for a child care facility. Rate how competent or comfortable you currently feel to perform each of these activities as a child care health consultant on a scale of 1-5, with "1" being least comfortable/competent and "5" being most comfortable/competent. Circle the number that best describes your feelings of comfort/competence for each activity below.

Consultant Activity	Comfort Rating for Consultant				
A. On-site meeting with staff about health	1	2	3	4	5
B. Phone/mail contacts with child care program	1	2	3	4	5
C. Contacts with other health professionals (e.g. consult with child's doctor about medication)	1	2	3	4	5
D. Provide health education for child care staff	1	2	3	4	5
E. Contact with parents	1	2	3	4	5
F. Respond to implementation/interpretation questions about standards/licensing requirements	1	2	3	4	5
G. Referrals to community services	1	2	3	4	5
H. Develop/update program health policies	1	2	3	4	5
I. Conduct/arrange for health screenings and assessments	1	2	3	4	5
J. Contact with licensers/health surveyors	1	2	3	4	5
K. Consultation with state/local health agency	1	2	3	4	5
L. Consultation with Child Care Resource & Referral	1	2	3	4	5
M. Training others to be child care health consultants	1	2	3	4	5

Based on this self-evaluation, three goals for my continuing development are:

1. _____

2. _____

3. _____

